

## United States Medical Licensing Examination® (USMLE®)

### **SUBSEQUENT REQUEST FOR TEST ACCOMMODATIONS**

*Use this form if you were previously provided test accommodation(s) for a USMLE Step Exam*

#### **The National Board of Medical Examiners® (NBME®) processes requests for test accommodations on behalf of the USMLE program**

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Complete all sections of this request form; submit the form and any required documentation to Disability Services. In order to begin processing your request, you must have a completed registration for the USMLE Step exam for which you are requesting accommodations.
- Do not resubmit supporting documentation already provided with a previous request.
- NBME will acknowledge receipt of your request by e-mail and audit your submission for completeness. If you do not receive an e-mail acknowledgement within two business days of submitting your request, please contact Disability Services at 215-590-9700, or [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org).
- Some impairments change over time. You may be asked to submit updated documentation to complete your request. The USMLE Guidelines for Test Accommodations at [www.usmle.org](http://www.usmle.org) provide a detailed description of how to document a need for accommodation.
- Prior receipt of accommodations for a Step exam does not guarantee that identical accommodations are indicated or will be available for all future Step examinations. For example, if you previously received accommodations for Step 2 CS, and are requesting accommodations for Steps 1, 2 CK, or 3 for the first time, your prior supporting documentation may not adequately document your need for accommodations for a computer-based examination. Please carefully **follow the instructions in Section D on pages 3-4** of this form.
- **Requests are processed in the order in which they are received. Processing cannot begin until sufficient information is received by NBME and your Step exam registration is complete. Allow at least 60 business days for processing of your request.**
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for test accommodations, contact Disability Services by e-mail at [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org) or telephone at 215-590-9700.

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**Section A: Exam Information**

Place a check next to the examination(s) for which you are **currently registered** *and* requesting test accommodations: (Check all that apply)

- Step 1
- Step 2 Clinical Knowledge (CK)
- Step 3

**Section B: Biographical Information**

Please type or print.

**B1. Name:**

\_\_\_\_\_  
Last First Middle Initial

**B2. Date of Birth:** \_\_\_\_\_

**B3. USMLE #** \_\_ - \_\_\_\_ - \_\_\_\_ - \_\_ (required)

**B4. Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State/Province Zip/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Preferred Telephone Number

\_\_\_\_\_  
E-mail address

**B5. Medical School Name:** \_\_\_\_\_

Country of Medical School: \_\_\_\_\_ Date of Medical School Graduation: \_\_\_\_\_

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Section C: Request Accommodations for a Subsequent Exam

C1: Do you require wheelchair access at the examination facility?  Yes  No

If yes, and you require an adjustable height computer table, indicate the number of inches required from the bottom of the table to the floor: \_\_\_\_\_

C2. If you received accommodations for a previous **computer-based USMLE exam** (i.e., Step 1, Step 2 CK, Step 3), check the appropriate box below to request accommodations for subsequent **computer-based exam(s)**:

- I am requesting **the same accommodations** previously provided for a computer-based USMLE exam. (Additional break/test time for Step 2 CK will be over 2 days; Step 3 will extend the exam to 3-5 days depending on the requested accommodation. Contact Disability Services for information.)
 I am requesting **new/ different accommodations** from those previously provided for a computer-based exam due to a change in the nature or extent of my disability.

Describe the new/ different accommodation(s) you are requesting and the reason for the change:

Three horizontal lines for describing the new/different accommodation(s) and the reason for the change.

**Attach documentation of the change in your disability supporting your request for new/different accommodations.**

List the **specific DSM/ICD diagnostic code(s) and disability** for which you are requesting new/different accommodations if there is a change from your previous request and report the year that it was **first** diagnosed.

Table with 3 columns: DIAGNOSTIC CODE, DISABILITY, YEAR DIAGNOSED. Each column has two horizontal lines for input.

D1. If you **received accommodations for a previous Step 2 CS exam** and are making a request for a **computer-based exam** for the **first time**, check the appropriate box below to request accommodations:

**STEP 1: Check ONLY ONE** box

**Additional Break Time**

- Additional break time **over 1 day**
- Additional break time **over 2 days**

**Additional Testing Time**

- 25% Additional test time (Time and 1/4) **over 2 days**
- 50% Additional test time (Time and 1/2) **over 2 days**
- 100% Additional test time (Double time) **over 2 days**
- Additional break time and 50% Additional test time (Time and 1/2) **over 2 days**

USMLE® Subsequent Request for Test Accommodations

**STEP 2 CK: Check ONLY ONE box**

**Additional Break Time**

Additional break time **over 2 days**

Additional break time and 50% Additional test time (Time and 1/2) **over 2 days**

**Additional Testing Time**

25% Additional test time (Time and 1/4) **over 2 days**

50% Additional test time (Time and 1/2) **over 2 days**

100% Additional test time (Double time) **over 2 days**

**STEP 3: Check ONLY ONE box**

**Additional Break Time**

Additional break time **over 4 days**

Additional break time and 50% Additional test time (Time and 1/2) **over 4 days**

**Additional Testing Time**

25% Additional test time (Time and 1/4) **over 3 days**

50% Additional test time (Time and 1/2) **over 4 days**

100% Additional test time (Double time) **over 5 days**

**Describe** any other accommodation(s) you are requesting for **Step 1, Step 2 CK, or Step 3.**

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List the **specific DSM/ICD diagnostic code(s) and disability** for which you are requesting accommodations if there is a change from your previous request and report the year that it was **first** diagnosed.

**DIAGNOSTIC CODE**

**DISABILITY**


**YEAR DIAGNOSED**

\_\_\_\_\_  
\_\_\_\_\_


\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

 **Attach documentation supporting your request for computer-based accommodations if your previously submitted documentation was related to clinical skills related functioning.**

 **Attach a brief updated personal statement describing how your impairment(s) substantially limits your current functioning in a major life activity and how the standard examination conditions are insufficient for your needs, and provide a rationale for why the accommodations you are requesting are necessary in the context of this examination.**

**D2. Certification of Prior Test Accommodations**

 If you receive/received accommodations for written exams/classroom work in medical school, the appropriate official at your school/residency must complete and submit the **Certification of Prior Test Accommodations** form if not previously provided, available at [www.usmle.org](http://www.usmle.org).

## USMLE® Subsequent Request for Test Accommodations

### Section E: Certification and Authorization

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the Bulletin of Information, if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Submitting Your Completed Request Form and Supporting Documentation:**

**(Do Not Send duplicate documents and Do Not Send by multiple methods as this will delay processing)**

- **Due to business restrictions in Philadelphia because of COVID-19 please submit your request form and supporting documentation via E-mail or Fax.**
- **Requests sent to us via mail may be delayed**
- **E-mail: Maximum file size is 15 MB (including text in body of email, headers and all attachments). Files larger than 15 MB may require separate emails. All attachments must be in PDF format. Please scan your documents into as few PDF's as possible. Photographs of Personal Items may be in digital format such as JPEGs/JPGs. We are not able to access embedded links.**
- **Fax or Mail: Submit your completed request form and supporting documents to the address below once you register for your exam.**
- **DO NOT bind, staple, paper clip, or tab documents as this may delay processing.**

Disability Services  
NBME  
3750 Market Street  
Philadelphia, PA 19104-3190  
Telephone: (215) 590-9700  
Facsimile: (215) 590-9422  
E-mail: [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org)